05833

4900

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roberts
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roberts
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MEDFORD (Middle) EDWARD (Last) COURSEY
4. DATE OF DEATH (Month) May (Day) 28 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 3-1901
9. AGE last birthday 53 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Farm Impl.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Coursey
14. MOTHER'S MAIDEN NAME Minnie Righton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-32-9358
17. INFORMANT AND ADDRESS Mrs. Medford Coursey = Church Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Cornary occulion — 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cornary Insuffing + Arteriosclerosis — 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Horseshoe Kidney - Repeated Glomphitis — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1953, to May 28, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 2 25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C Rodney Leyton MD — ADDRESS Centreville Md — DATE SIGNED May 31 1954

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF May 31 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 5-31-54 — REGISTRAR'S SIGNATURE Edgar L. Lane — 24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1954
BUREAU V. S.

Items 8, 9, 14: Film G166, 6-14-54 L

MARYLAND STATE DEPARTMENT OF HEALTH

05836

4901

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Centreville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Queen Anne~~ Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~near Centreville~~ Catonsville
STREET ADDRESS (If rural, give location) Balto Md 123 Osborne Ave

3. NAME OF DECEASED (Type or Print) (First) Chas (Middle) Thomas (Last) Fisher
4. DATE OF DEATH (Month) May (Day) 29 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH July 7-~~1894~~ 93
9. AGE last birthday 60 ~~59~~ yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Eastern Sho Battery Co
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Chas Thomas Fisher
14. MOTHER'S MAIDEN NAME ~~Rosa Lee Fort~~ Rosalie May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Vet. World War I
16. SOCIAL SECURITY No. 215-09-9359
17. INFORMANT AND ADDRESS Evelyn Rhine Fishis - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto accident - Broken neck - fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Skull - Chest crushed - left leg broken

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) State highway route 18 (COUNTY) Q.A. (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 29 (Year) 54 (Hour) 10 P.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) W. Henry Fisher M.D. - Deputy Med Exam for Q.A.C. Md
ADDRESS Centreville Md
DATE SIGNED 5/31-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 2-54
NAME OF CEMETERY OR CREMATORY Family Plot
LOCATION (City, town, or county) Elliott City (State) Md

DATE REC'D BY LOCAL REG. 5-30-54
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros Centreville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

1902 — 2411 N. Charles Street, Baltimore — 04873

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville — LENGTH OF STAY (in this place): about 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THOMAS	HENRY	FURBUSH	May	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White		March 9-1895	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ins. Agent & Farm Dealer	Life Ins. & Old Furniture	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Furbush	Anna Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	W.W. I	Mrs. Thos. Henry Furbush - Centreville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 2 days

420.1 Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5/14, 1954, to 5/16, 1954, that I last saw the deceased alive on 5/15, 1954, and that death occurred at 2.45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Henry Fisher M.D		Centreville Md	5/17/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	May 19	Chesterfield	Centreville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-19-54	Elsie Armstrong	Edgar L. Lane	Church Hill

RECEIVED
MAY 27 1954
BUREAU V. S.

Item 18 Film G166 5/21/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04874

CERTIFICATE OF DEATH

4903

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington 46X-3
STREET ADDRESS (If rural give location) 3223 Washington St. ✓

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) FRANK CLIFFORD KIRK
4. DATE OF DEATH: (Month) (Day) (Year) May 8 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 23, 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Estimator-Du Pont Engineer Dept.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis R. Kirk
14. MOTHER'S MAIDEN NAME: Ellen Jane Hindman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. ✓ (If Yes, give war or dates of service) W. War #1
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Marguerite Faust Kirk - 3223 Washington St. Wilm. Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

Immediate cause (a) Heart ~~attaque~~ after an

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Automobile collision.

DUE TO

(825X) (c)

Interval Between Onset And Death: 5 minutes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Automobile collision

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT X (Specify) SUICIDE HOMICIDE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Millington (COUNTY) Kent 14 (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11.45 AM. m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? is no sign of injury.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death only occurred at 11.45 AM from the causes and on the date stated above.

SIGNATURE Geo Koralewski M.D. (Degree or title) ADDRESS Millington Md DATE SIGNED 5.8.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 12, 1954
NAME OF CEMETERY OR ~~CREMATORY~~ Riverview Cem.
LOCATION (City, town, or county) Wilm. (State) Del.

DATE REC'D BY LOCAL REGISTRAR 5-12-54
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edward Fellows - Millington Md. ADDRESS

VS. A15

Koralewski, Geza, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
MAY 12 1954
BUREAU V. S.

04875

4901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) WILLIAMS (Last) WHITE
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954
5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: March 1-1915
9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elmer T. Williams
14. MOTHER'S MAIDEN NAME: Sallie T. Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: T. W. White - Stevensville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

176X

Immediate cause (a) Adeno-carcinoma of Wolffian duct — Sept 29.53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastases in rectum — Sept 29.53

(c) Removal of left chocolate cyst of ovary and hysterectomy 4/4/53 tubar right side pregnancy — April 4.53

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — 4 years ago

19a. DATE OF OPERATION: Sept 29.53
19b. MAJOR FINDINGS OF OPERATION: Adeno-carcinoma of Wolffian duct and rectum
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 2, 1953, to May 16th, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: Theodor Sattelmaier (Degree or title) M.D. — ADDRESS: Stevensville Md. — DATE SIGNED: May 17. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: May 19 — NAME OF CEMETERY OR CREMATORY: Stevensville — LOCATION (City, town, or county): Stevensville (State): Md.

DATE REC'D BY LOCAL REG.: May 19, 54 — REGISTRAR'S SIGNATURE: Elizabeth Hopper — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1954
BUREAU V. S.